

TPCM GOAL PLANNING

Name: _____

Date: _____

PARTS OF MY LIFE	WHAT'S GOING ON?	WHAT DO I WANT?	WHAT HAVE I USED IN THE PAST?
Daily Living Situation Housing, Transportation, Food Safety, etc.			
Education/Training School, GED, Vo-Tech			
Employment			
Financial Money, Budgeting			
Health education, counseling & care Birth control, prenatal, well-child care, substance abuse			
Key relationships parents, father of child, friends, other social agencies			
Parenting Immunizations, child care, discipline			
Empowerment How do you feel about yourself? Can you stand up for what you want or need?			

WHAT ARE MY PRIORITIES?

1

2

3

WHO ARE MY SUPPORT SYSTEMS?

1

2

3